Application Form

# Single Contribution top up's and Regular Contribution increases into individual Company Pension schemes

Before you give us your personal information it is important that you are aware of what your data protection rights are and how/why we use your personal information. Further information can be obtained in our Privacy Policy which is available at www.zurich.ie/privacy-policy

**This form may be completed for all top ups or increases into an existing Zurich Life Company Pension as it outlines the information that is necessary in order for us to process your request. Please note that Proof of Income for this employment must be submitted.**

**Note:** Please complete in BLOCK CAPITALS.

S.P. Pension Plan Type: R ____ (Where new SP plan is required)

Intermediary Name: ____

Financial Advisor Name: ____ Intermediary Number: ____

## A Your Details

Member Name: ____ Zurich Life Policy Number: ____

Name of scheme / employer: ____

### Contribution Details

| | Employer | Employee | AVC | Total |
|---|---|---|---|---|
| Total revised monthly contribution | € | € | € | € |
| Single contribution | € | € | € | € |
| Transfer | € | € | € | € |

Effective Date of increase: 0 1 ____

Method of payment of single contribution: Payments via cheque must be made payable to Zurich Life. ○ Cheque ○ EFT

Are benefits being transferred from another pension arrangement? ○ Yes ○ No

If yes, please provide the following details:

Life Insurance Company / administrator: ____

Policy number for each plan being transferred: ____

Type of plan: ____

Contact email address for Willing and Able letter: ____

**Important Note:** All policies to be transferred must be included in the retained benefits section.

Annual Salary/ Earnings: € ____

Has a recent payslip or the previous tax year's Employment Detail Summary been provided? ○ Yes ○ No

**Important Note:** Evidence of salary must include: Member name, PPS, Employer registered name and Employer tax registration. Funding will be based on the salary as per the proof provided.

## B Fund Choice

**Please note:** If no option is selected we will invest the funds as per the existing fund selection.

a) I wish to invest all contributions (both existing & top up amount) in my existing fund(s) choice ○

b) I wish to invest my top-up amount only as follows:

| Fund Choice | % |
|---|---|
| | % |
| | % |
| | % |
| | Total 100% |

## C Retained Benefits - (required in all instances, including benefits which are to be transferred to this scheme)

**Note:** These details are required to apply for Revenue Approval.

**Are you entitled to benefits from other Retirement Benefit Schemes?** Yes No

If yes, please provide the details below.

| Name | Pension | Pension | Pension |
|---|---|---|---|
| Type of Plan (Personal Pension, Executive Pension, Group Defined Contribution/ Defined Benefit, Personal Retirement Savings Account or Pension term) | | | |
| Scheme Provider | | | |
| Plan reference number/Policy number | | | |
| Name of Employer under this scheme (if applicable) | | | |
| Current Value (or deferred pension if Defined Benefit) | | | |
| NRA under the scheme | | | |
| Status (Live, Paid-up, or Single Premium) | | | |
| If Live, the current monthly contribution being made | | | |
| Please state if this benefit is related to a previous, current or concurrent employment? | | | |

**Have you received payment of retirement benefits from any other pension arrangement?** Yes No

If yes, please provide the following:

Date benefits were paid:

For defined contribution plans (Personal Retirement Savings Accounts (PRSA), Personal Retirement Bonds or Personal Pensions)

Total value of the pension fund on maturity:

For defined benefit / Public Sector plans:

Gross retirement lump sum plus the value of any AVCs (before any tax was paid)

Annual pension income:

## D Member and Employer Declarations

I declare that all questions and statements in the application form are answered honestly and with reasonable care (including any statements written down at my dictation). I confirm that I am happy with the fund choice made on this form.

**Member**
Please sign and date.

Signature of Member

X

Date

**Employer**
Please sign and date.

Signature of Employer

X

Date

# Making an EFT payment to Zurich Life

**Important:** In order to make an EFT payment, you will need our **new bank details below.**

| Top-ups to an existing Zurich policy | |
|---|---|
| **Account Name:** | Zurich Life Assurance plc |
| **IBAN:** | IE67CITI99005100101206 |
| **BIC:** | CITIIE2XXXX |

## The two-step rule:

1. **Let us know it's you**

   Always quote the Policy Number or if it's a new plan, quote the Name & Date of Birth of the policy owner in the EFT reference.

| If you're making a payment from: | Place your Policy Number/Name and DOB in this field: |
|---|---|
| Bank of Ireland | "Reference" field |
| AIB | "Receiver Message" field |
| Permanent TSB | "Reference" field |
| Ulster Bank | "Beneficiary" field |
| KBC | "Reference" field |

2. **Let us know it's done**

   So that we can track and allocate the payment, please send the completed top up form above or an email to **escashiers@zurich.com,** Customer service **(customerservices@zurich.com)** or your service team telling us:

   A. Exact amount

   B. Policy Number or if it's a new plan, quote the Name & Date of Birth of the policy owner

   C. Supporting instructions (if relevant)

## Help us, Help you!

Picture yourself looking through your bank statement trying to decipher different transactions, it can be a time consuming and sometimes frustrating task.

At Zurich we allocate hundreds of payments daily, so if the above information isn't provided it can lead to delays in service.

With your help we can get your policy up and running in no time!

## Is there anything else I need to know?

Depending on who you bank with, it can take 3-5 working days for Electronic Transfers to reach us.

With this in mind, please remember that the Investment date is the date we receive funds assuming that we have a valid fund choice. If we don't have a valid fund choice, the effective date will be the date that the fund choice is received.

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